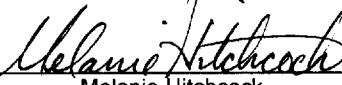
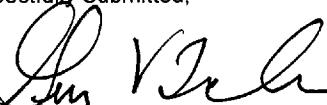


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Boeckl et al. Application No: 10/609,132 Confirmation No: 6677 Filed: June 26, 2003 Title: CONTROLLING THE FLOW OF A POWDER	Group No: 3721 Examiner: Huynh, Louis K. Attorney Docket No: NK.0133 December 24, 2008 San Francisco, California 94107
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension (Months) <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months	Extension Fee Large Entity Small Entity \$130.00 \$65.00 \$490.00 \$245.00 \$1,110.00 \$555.00	
	Total \$ 0.00		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity Small Entity		
Total Claims	41	58	0	\$52.00 \$26.00	\$0.00	
Independent Claims	5	5	0	\$220.00 \$110.00	\$0.00	
Multiple Dependent Claims			0	\$390.00 \$195.00	\$0.00	
Supplemental Information Disclosure Statement						
Total					\$0.00	

Fee Payment	Fee Deficiency <input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$ 0.00</u> . <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$540.00</u> .	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or transmitted via electronic submission on the date shown below.	
By:  Melanie Hitchcock Date: December 24, 2008	
By:  Guy V. Tucker Date: December 24, 2008 Registration No. 45,302	